

**STATE OF KANSAS  
OFFICE OF THE ATTORNEY GENERAL  
Through the KANSAS BUREAU OF INVESTIGATION**

**INSTRUCTIONS**

**Application for Certification as Firearm Trainer**

**Please read and be familiar with:**

Criminal use of Weapons (K.S.A 21-4201)  
Statutes and regulations that pertain to firearm trainer (K.S.A. 75-7B17, 75-7b21;  
K.A.R. 16-5-1, 16-5-4, 16-5-5, 16-6-1, and 16-6-2)

**Complete:**

Application for Certification as Firearm Trainer

Application must be completed in its entirety. An incomplete application will result in processing delays. The Kansas Bureau of Investigation may take up to **90 days** to process an application.

**NOTE:** These items must accompany your application:

- ◆ Verification of successful completion of your training by providing a copy of the original certificate of completion of the course(s), and either (1) a copy of the training course agenda, (2) a statement from the course instructor(s) or (3) an affidavit which verifies the education and training requirements.
- ◆ Your proposed plan of operation for training private detectives in the handling of firearms and the lawful use of force. This plan must be in compliance with Kansas Administrative Regulation 16-5-4.
- ◆ Firearms Trainer Application Worksheet.
- ◆ Two (2) color, front view, photographs (passport size) taken within 30 days before the application is submitted. (Do not wear a hat, scarf or other head gear)
- ◆ Application fee \$100.00. **The application fee is non-refundable.** A personal check, money order, cashier's check make payable to the Kansas Bureau of Investigation. We are able to offer the opportunity to charge any/all private detective licensing fees on your Visa or Master Card credit card. To charge your licensing fees, please complete the credit card form in this packet.
- ◆ Pursuant to K.S.A.74-139 and 74-148, you are requested to provide your social security number. Providing your social security number is voluntary. Should you provide it, it may be disclosed to the Director of Taxation and/or the Kansas Department of Social and Rehabilitation Services (SRS) for child support enforcement purposes.
- ◆ If you are **not** a licensed private detective, two classifiable sets of fingerprints of the right and left hand taken by a law enforcement agency on blue applicant fingerprint cards. The name of the agency and the name of the person taking the prints must be clearly identified thereon. **The Waiver Agreement and Statement (both pages) must be accompanied by your fingerprint cards.**

- ◆ If you are **not** a licensed private detective, five 'Certificate of Reference' from reputable citizens who have known you for a period of at least five years and who are not related to you by blood or marriage attesting that you are a person of good moral character and reputation. 'Certificate of Reference' forms are in this packet.

**General Information:**

In completing this application, please bear in mind that any false information submitted on this application or any accompanying documents, or falsification of the fingerprints or photographs, constitutes grounds for denial of the application, and may subject you to criminal prosecution.

Upon approval of this application, the certificate will be mailed to you. You will also be provided with an application for firearm permit for use by licensed private detectives and a notice of completion form for private detectives who complete your firearms training. You may reproduce this application and form. The certificate will be valid two years from the date of issuance. It will be renewable every two years. A renewal application will be mailed to you two months prior to the expiration date.

**Mail the application form, supporting documentation and application fee to:**

Antonia M. Tabor, Program Manager  
Kansas Bureau of Investigation  
Private Detective Licensing  
1620 SW Tyler  
Topeka, Kansas 66612-1837

**FEE SCHEDULE PRIVATE DETECTIVE  
LICENSING, RENEWALS & other items**

**Independent** (self-employed)

License fee - \$250.00 (2yrs from date of issuance)  
Renewal fee \$175.00 (2yrs)  
Requires \$100,000.00 bond or certificate of insurance

**Agency** (employs others)

License fee - \$250.00 (2yrs from date of issuance)  
Renewal fee \$175.00 (2yrs)  
Requires \$100,000.00 bond or certificate of insurance

**Individual employee** (works under the agency license)

License fee - \$250.00 (2yrs from date of issuance)  
Renewal fee \$175.00 (2yrs)  
(Insurance covered by agency bond or insurance)

**Officer, director, partner, or associate** (of the agency engaged in detective business)

License fee - \$100.00 (2yrs from date of issuance)  
Renewal fee \$100.00 (2yrs)  
(Covered by agency bond or insurance)

**Firearms permit** (any licensed private investigator can apply for a firearms permit)

Permit fee - \$50.00  
Renewal fee \$50.00 (2yrs)

**Firearms trainer**

Fee - \$100.00  
Renewal fee \$100.00 (2yrs)

**Other items:**

Badge (and case) - \$96.00 (can only be requested if you have applied for a firearm permit)  
Duplicate license - \$5.00 (can only be requested if your license has been lost or stolen)  
Information/application packet - \$15.00 (deducted from cost of application)  
Current list of private detectives & agencies in Kansas - \$.24 per page

**Date of Request**  
\_\_\_\_\_ - \_\_\_\_\_ - 2 0 \_\_\_\_\_

**Name on Credit Card**  
\_\_\_\_\_

**Mailing Address for Credit Card**  
Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Expiration Date**  
\_\_\_\_\_ - \_\_\_\_\_

**Visa/MC 16 digit card number**  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Phone Number:**  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Other Information Number:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is to be billed on the credit card**

- Check all that apply
- |                          |   |                |       |
|--------------------------|---|----------------|-------|
| <input type="checkbox"/> | - | PI Packet      | _____ |
| <input type="checkbox"/> | - | Application    | _____ |
| <input type="checkbox"/> | - | Firearm Permit |       |
| <input type="checkbox"/> | - | Badge/Case     |       |
| <input type="checkbox"/> | - | Renewal        | _____ |
| <input type="checkbox"/> | - | Misc - explain | _____ |

**Amount to be billed on your credit card**

(sample - \$250.00)  
\$ \_\_\_\_\_ . \_\_\_\_\_

**MANDATORY 3 digit auth. code on back of card**

\_\_\_\_\_ - - - - -

**STATE OF KANSAS**  
**OFFICE OF THE ATTORNEY GENERAL**  
**Through the KANSAS BUREAU OF INVESTIGATION**

**Certification as Firearm Trainer Application**

1. Name: \_\_\_\_\_

Business mailing address: \_\_\_\_\_

\_\_\_\_\_

Complete residential street address: \_\_\_\_\_

\_\_\_\_\_

Business phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

(Providing your SSN is voluntary, but it is requested pursuant to K.S.A. 74-139 and 74-148 so that, if requested, it may be provided to the Director of Taxation and/or Department of Social and Rehabilitation Services.)

2. Are you a Kansas licensed private detective? ☐ Yes ☐ No

If you answered 'Yes', what is your Private Detective License Number? \_\_\_\_\_

3. Have you had a minimum of one-year supervisory experience with any of the following?

A private detective agency ☐ Yes ☐ No

A private patrol operator ☐ Yes ☐ No

A proprietary investigative or security organization ☐ Yes ☐ No

Any federal, US military, state, county or city law enforcement agency? ☐ Yes ☐ No

Specify the agency or organization with which you had the supervisory experience and dates.

\_\_\_\_\_

\_\_\_\_\_

4. Explain why you believe you have sufficient knowledge of detective business to be a suitable person to train private detectives. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Within the past two years, have you completed a minimum of 40 clock hours of education and training in the handling of firearms through any combination of law enforcement, military or private firearm courses?  
☐ Yes ☐ No

**If your answer to the above question is “No”:** Within the past five (5) years have you completed a minimum of 40 clock hours of education and training in the handling of firearms through any combination of law enforcement, military or private firearm courses, *plus* experience training persons in the handling of firearms within the past two (2) years?

☐ Yes ☐ No

Name of Course

Course Sponsor

Date of Course

- a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

6. Did your training and education include the following?

Weapons fundamentals and safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marksmanship fundamentals and safety procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instructions in daylight, dim light and darkness shooting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Care, cleaning and maintenance of weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instructions in basic weapon retention and disarming techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shooting proficiency demonstrated with a firearm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Teaching or instructing abilities	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. In addition have you received 10 clock hours of formal classroom or course of instruction on the lawful use of force?  
☐ Yes ☐ No

Specify the program from which you received instruction on the lawful use of force and the date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location(s) where you intend to do classroom training and range qualification.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If you are NOT a licensed private detective, five complete certificates of references must accompany this application.

**I here by certify that the above information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**APPLICANT'S AFFIDAVIT**

**(Sign before a Notary Public)**

I, \_\_\_\_\_, state that I am the applicant, herein. I have

(Please print your name)

read and examined the statements made in the above renewal application, including all statements made in any accompanying papers, and the information contained herein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary's Signature

My commission expires: \_\_\_\_\_

**WAIVER AGREEMENT AND STATEMENT**  
**Fingerprint-Based Record Checks for Noncriminal Justice Purposes**

I hereby authorize (*Name of Authorized Recipient*) \_\_\_\_\_ to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, if any, received on me, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

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I have \_\_\_\_ **OR** have not \_\_\_\_ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

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Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 3805.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Residential Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip



**WAIVER AGREEMENT AND STATEMENT (Cont.)**  
**Fingerprint-Based Record Checks for Noncriminal Justice Purposes**

**RIGHT TO OBTAIN AND CHALLENGE ACCURACY  
OF CRIMINAL HISTORY RECORDS**

To obtain a copy of your Kansas criminal history record information (CHRI) to review for accuracy and completeness, you must send a set of your fingerprints, a letter requesting your record and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website:

<http://www.kansas.gov/kbi/criminalhistory>. Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation  
Attn: Criminal History Records  
1620 SW Tyler  
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your federal CHRI for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: [http://www.fbi.gov/about-us/cjis/background-checks/background\\_checks](http://www.fbi.gov/about-us/cjis/background-checks/background_checks). Or, you may write to:

FBI CJIS Division – Record Request  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

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**TO BE COMPLETED BY THE FINGERPRINTING AGENCY:**

Method of Verifying Identity: ☐ Driver's License ☐ State Issued ID Card  
☐ Military ID Card

State/Branch: \_\_\_\_\_ ID Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Individual Verifying Identity: \_\_\_\_\_

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**ORIGINAL – MUST BE RETAINED BY AUTHORIZED RECIPIENT  
COPY – PROVIDED TO SUBJECT OF CRIMINAL HISTORY RECORD CHECK**

## CERTIFICATE OF REFERENCE

Regarding the application of \_\_\_\_\_  
(Applicant please print your name)

I, \_\_\_\_\_ of \_\_\_\_\_  
(Reference please print your full name) (residence address)

\_\_\_\_\_  
(city, state & zip)

\_\_\_\_\_  
(phone number)

employed by \_\_\_\_\_

\_\_\_\_\_  
(business address)

\_\_\_\_\_  
(city, state & zip)

\_\_\_\_\_  
(phone number)

subscribe and affirm that:

[Read and initial each statement]

\_\_\_\_\_ I am a reputable person and citizen of the United States of America.

\_\_\_\_\_ I am **not** related or connected by blood or marriage to the applicant.

\_\_\_\_\_ I have personally known the applicant for a period of at least five (5) years past.

\_\_\_\_\_ I have **read his/her application for a private detective license** and believe each of the statements made therein to be true and correct to the best of my knowledge and belief.

\_\_\_\_\_ The applicant is a person of good moral character and he/she is honest and competent to engage in the business as a private detective.

\_\_\_\_\_ I recommend that his/her application for a license as a private detective be granted.

**(NOTE: must be dated within four months of the date the application is received for processing)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Reference

### VERIFICATION

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, of lawful age, being first duly sworn, upon his/her oath, subscribes and  
(Print name of notary)

affirms: That \_\_\_\_\_ is the reference named in the above-captioned *Certificate of*  
(Print name of reference)

*Reference*; that he/she has read the above and forgoing *Certificate of Reference*, knows and understands the contents thereof, and states that the statements contained therein are true and correct, according to his/her knowledge, information and belief of the applicant.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary's Signature

My commission expires: \_\_\_\_\_

## CERTIFICATE OF REFERENCE

Regarding the application of \_\_\_\_\_  
(Applicant please print your name)

I, \_\_\_\_\_ of \_\_\_\_\_  
(Reference please print your full name) (residence address)

\_\_\_\_\_  
(city, state & zip)

\_\_\_\_\_  
(phone number)

employed by \_\_\_\_\_

\_\_\_\_\_  
(business address)

\_\_\_\_\_  
(city, state & zip)

\_\_\_\_\_  
(phone number)

subscribe and affirm that:

[Read and initial each statement]

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\_\_\_\_\_ I have personally known the applicant for a period of at least five (5) years past.

\_\_\_\_\_ I have **read his/her application for a private detective license** and believe each of the statements made therein to be true and correct to the best of my knowledge and belief.

\_\_\_\_\_ The applicant is a person of good moral character and he/she is honest and competent to engage in the business as a private detective.

\_\_\_\_\_ I recommend that his/her application for a license as a private detective be granted.

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\_\_\_\_\_  
(city, state & zip)

\_\_\_\_\_  
(phone number)

employed by \_\_\_\_\_

\_\_\_\_\_  
(business address)

\_\_\_\_\_  
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\_\_\_\_\_  
(phone number)

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\_\_\_\_\_ The applicant is a person of good moral character and he/she is honest and competent to engage in the business as a private detective.

\_\_\_\_\_ I recommend that his/her application for a license as a private detective be granted.

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\_\_\_\_\_  
Date

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\_\_\_\_\_  
Notary's Signature

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\_\_\_\_\_  
(city, state & zip)

\_\_\_\_\_  
(phone number)

employed by \_\_\_\_\_

\_\_\_\_\_  
(business address)

\_\_\_\_\_  
(city, state & zip)

\_\_\_\_\_  
(phone number)

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Date

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(Applicant please print your name)

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(Reference please print your full name) (residence address)

\_\_\_\_\_  
(city, state & zip)

\_\_\_\_\_  
(phone number)

employed by \_\_\_\_\_

\_\_\_\_\_  
(business address)

\_\_\_\_\_  
(city, state & zip)

\_\_\_\_\_  
(phone number)

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary's Signature

My commission expires: \_\_\_\_\_

# FIREARMS TRAINER APPLICATION CHECK LIST

APPLICANT: \_\_\_\_\_

## CHECK LIST –

- A. ☐ Firearms Training Requirement
- ☐ Training within two (2) years prior to Application or
  - ☐ Training within five (5) years if subsequent training experience within two (2) years prior to application.
- B. ☐ Forty (40) hours of education and training, including:
- ☐ Weapons fundamentals and safety
  - ☐ Marksmanship and Safety fundamentals
  - ☐ Instruction in different lighting conditions
  - ☐ Care, cleaning and maintenance of weapon
  - ☐ Weapon retention and disarming
  - ☐ Shooting proficiency
  - ☐ Teaching or instruction ability
- C. ☐ Verification of successful completion of approved firearms training
- ☐ Copy of the original certificate of completion.
  - ☐ Copy of the training course agenda, statement from instructor, or affidavit from applicant.
- D. ☐ Completion of ten (10) hours instruction in the lawful use of force.
- E. ☐ Good character and reputation
- ☐ Licensed private detective
  - ☐ Affidavits from five (5) or more individuals who have know applicant for the last five (5) years
  - ☐ Two (2) completed fingerprint cards

NOTES:

## **PLAN OF OPERATION -**

NOTES:

- A. ☐ Detailed plan of operation to include**
  - ☐ Handling of firearms
  - ☐ Lawful use of force
  - ☐ Descriptive list of all materials and aids to be used
  - ☐ Plan that provides sixteen (16) hours of education and training for initial permits
  - ☐ Plan that provides two (2) hours of education and training for renewal certificates
- B. ☐ Training plan must include:**
  - ☐ Lawful use of force, civil liability and criminal culpability
  - ☐ Weapons fundamentals and safety
  - ☐ Marksmanship and safety
  - ☐ Care, cleaning and maintenance of weapons
  - ☐ Weapon retention and disarming
  - ☐ Lighting conditions
  - ☐ Instruction and shooting exercise
- C. ☐ Written examination:**
  - ☐ Requires 70 percent to pass
  - ☐ Includes areas listed in instruction requirements
- D. ☐ Daylight course of fire:**
  - ☐ 35 of 50 rounds into center mass of NAA TQ-19 target
  - ☐ Course specifies varying distances from 3 to 75 feet
- E. ☐ Disability provision (optional)**

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Initial & Date



STATE OF KANSAS  
**OFFICE OF THE ATTORNEY GENERAL**  
Through the KANSAS BUREAU OF INVESTIGATION

**Firearm Permit Application**

1. Name: \_\_\_\_\_  
(Print Last name, first name, middle name or initial)

Agency you are with or DBA (doing business as) name: \_\_\_\_\_

Business mailing address: \_\_\_\_\_  
\_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Telephone numbers: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Work Home Cell Phone Fax

2. Explain the need to carry a firearm in your work as a private detective. \_\_\_\_\_  
\_\_\_\_\_

Is it necessary for you to carry a firearm in order to protect your life or property, or to protect the life or the property of your clients? ☐ Yes ☐ No

3. Have you completed a 16-hour training and education course in the handling of firearms and the lawful use of force from a certified firearms instructor within the past 6 months? ☐ Yes ☐ No

An applicant who, within **24 months** before submitting this application for a firearm permit, has successfully completed a **full-time officer** basic course of accredited instruction may substitute a certificate that verifies this.

An applicant who, with **12 months** before submitting this application for a firearm permit, has completed **40 hours of law enforcement education or training** may substitute a certificate that verifies this.

**Attach a 'Notice of Completion' for firearm training form to this application.**

4. Identify **all** firearms for which you are applying for a firearm permit:

<u>Make or Manufacturer</u>	<u>Model</u>	<u>Serial Number</u>	<u>Caliber</u>	<u>Barrel Length</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

**The above information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

Application fee for a firearm permit is \$50.00. Make money order, cashier check or personal check payable to the Kansas Bureau of Investigation. We now have the ability to charge any/all private detective licensing fee(s) on your Visa or Master Card credit card. Mail the completed firearm permit application, 'Notice of Completion' training form and application fee to Kansas Bureau of Investigation, Private Detective Licensing, 1620 SW Tyler, Topeka, Kansas 66612-1837. If you have questions please call Antonia Tabor at 785-296-4436.

**Notice of Completion Form**

**FIREARM PERMIT TRAINING**

STATE OF KANSAS  
**OFFICE OF THE ATTORNEY GENERAL**  
Through the **KANSAS BUREAU OF INVESTIGATION**

**This form is to be completed by the firearms trainer.**

Name of private detective applicant: \_\_\_\_\_ License Number: \_\_\_\_\_  
(Print or Type)

Name of certified training instructor: \_\_\_\_\_  
(Print or Type)

Mark which training applies for this applicant:

- ☐ Initial firearms permit ☐ Renewal of firearm permit  
☐ Re-certification (off year training) ☐ Change or addition of a firearm(s)

**Education and training course:**

Did applicant successfully complete the education & training course? ☐ Yes ☐ No

Applicant's written examination score: \_\_\_\_\_

Date(s) of training course: \_\_\_\_\_

**Firing range proficiency:** Did applicant successfully fire 35 out of 50 rounds into the center mass portion of the National Rifle Association TQ-19 target in a static position from distances which varied between a minimum of 3 feet to a maximum of 75 feet? ☐ Yes ☐ No

Range location: \_\_\_\_\_

Identify **all** firearms for which the applicant has completed a training course for the applicant's firearm permit:

	<u>Manufacture</u>	<u>Model Number</u>	<u>Serial #</u>	<u>Caliber</u>	<u>Barrel Length</u>
1.	_____				
2.	_____				

I hereby certify that the above-named applicant has successfully completed the firearms and lawful use of force class. This is in accordance with the training plan on file at the Kansas Bureau of Investigation. The above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of certified firearm instructor

*Firearm trainers shall furnish notice to the Attorney General through the Kansas Bureau of Investigation when an applicant for a firearm permit, an applicant for renewal of a firearm permit or re-certification for the firearm permit has completed a firearm-training course within 10 days of the date the training course. A copy of this notice shall be given to the applicant and the firearm trainer shall retain a copy.*

Please note your firearms trainer may have his/her own 'Notice of Completion Form'. If it contains all pertinent information, it is acceptable.